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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                                                                                                                                                                                                                                                            |                                     |              |         | ı,    | Docket No. (Optional)<br>511582001621 |                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|---------|-------|---------------------------------------|------------------|--|
|                                                                                                                                                                                                                                                                                                                 |                                     |              |         |       | - 2                                   |                  |  |
| 20                                                                                                                                                                                                                                                                                                              | In re Application of Daniel E. H. A |              |         | H. AF |                                       | - G g            |  |
| (1/2 /01/2                                                                                                                                                                                                                                                                                                      | Application Number<br>10/010.667    |              |         |       | Filed                                 | December 6, 2001 |  |
| OCT 2 0 2003                                                                                                                                                                                                                                                                                                    | 10,010,007                          |              |         |       |                                       | December 0, 2001 |  |
| ULI 2 3                                                                                                                                                                                                                                                                                                         | For: PEPTIDES DERIVED FROM STEAP 1  |              |         |       |                                       | Į į              |  |
| ALENT & TRANSPAR                                                                                                                                                                                                                                                                                                | Art Unit                            | 1            | 642     | Exa   | miner                                 | G. Nickol, Ph.D. |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                          |                                     |              |         |       |                                       |                  |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):                                                                                                                                                                                                        |                                     |              |         |       |                                       |                  |  |
| One month (37 CFR 1.17                                                                                                                                                                                                                                                                                          | (a)(1))                             |              | ,       |       | \$                                    | ;                |  |
| Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                  |                                     |              |         |       | -                                     | 3                |  |
| Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                |                                     |              |         |       | -                                     | 950.00           |  |
| Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                 |                                     |              |         |       |                                       |                  |  |
| Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                 |                                     |              |         |       | -                                     | 3                |  |
| Applicant claims sphall entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is                                                                                                                                                                                                                |                                     |              |         |       |                                       |                  |  |
| reduced by one-half, and the resulting fee is: \$475.00                                                                                                                                                                                                                                                         |                                     |              |         |       |                                       |                  |  |
| A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                   |                                     |              |         |       |                                       |                  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                              |                                     |              |         |       |                                       |                  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                               |                                     |              |         |       |                                       |                  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952                                                                                                                                                                        |                                     |              |         |       |                                       |                  |  |
| I have enclosed a duplicate copy of this sheet.                                                                                                                                                                                                                                                                 |                                     |              |         |       |                                       |                  |  |
| I am the applicant/inventor.                                                                                                                                                                                                                                                                                    |                                     |              |         |       |                                       |                  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                                                                                                       |                                     |              |         |       |                                       |                  |  |
| attorney or agent of record. Registration Number                                                                                                                                                                                                                                                                |                                     |              |         |       |                                       |                  |  |
| x attorney or agent u                                                                                                                                                                                                                                                                                           |                                     |              |         |       |                                       |                  |  |
| Registration number                                                                                                                                                                                                                                                                                             | er if acting                        | under 37 CFR | 1.34(a) |       | 29,959                                |                  |  |
| October 15, 2003  Date  Signature                                                                                                                                                                                                                                                                               |                                     |              |         |       |                                       |                  |  |
| (858) 720-5112                                                                                                                                                                                                                                                                                                  |                                     |              |         | ĸ     | (ate H. M                             |                  |  |
| Telephone Number Typed or printed name                                                                                                                                                                                                                                                                          |                                     |              |         |       |                                       |                  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below                                                                                                            |                                     |              |         |       |                                       |                  |  |
| Total of forms are submitted.                                                                                                                                                                                                                                                                                   |                                     |              |         |       |                                       |                  |  |
|                                                                                                                                                                                                                                                                                                                 |                                     |              |         |       |                                       |                  |  |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  Dated: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |                                     |              |         |       |                                       |                  |  |
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